

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|--------------|-----------------|
| FEE DETERMINATION | <i>[Signature]</i> | | <i>09/28/00</i> |
| O.I.P.E. CLASSIFIER | <i>He</i> | <i>45</i> | <i>3/1/01</i> |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | <i>DM</i> | <i>78223</i> | <i>4-25-02</i> |

09505223

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|------|
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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